

SUMMER 2012 JUNE 29- JULY 5

# MIK CAMP REGISTRATION

A place to  
connect  
and grow!

Please send your completed registration to: [info@dpb.hr](mailto:info@dpb.hr)

Reservations are taken on a first come basis. We will let you know when we have received your reservation, and if your child is registered or has been put on a waiting list. (Our camp staff checks this once a week.)

## CAMPER INFORMATION

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: M F

Date of birth (MM/DD/YYYY): \_\_\_\_\_ Grade in school: \_\_\_\_\_ Age at camp: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Passport Number of Camper: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Organization Parent(s)/Guardian serve(s) with: \_\_\_\_\_

Emergency Contact in the event parent/guardian cannot be reached: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Check t-shirt size:      Child small      Child Medium      Child Large      Adult Small  
   Adult Medium      Adult Large      Adult XL

Friend coming to Camp: \_\_\_\_\_ *Answer N/A if not applicable.*

(We will try to make room assignments so that 1 friend is in the same room with camper.)

## HEALTH INFORMATION

Insurance Provider: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

### Health History (Give approximate dates)

#### Disorders

Ear Infections \_\_\_\_\_

Hypertension \_\_\_\_\_

Heart defect/disease \_\_\_\_\_

Seizures \_\_\_\_\_

Diabetes \_\_\_\_\_

Bleeding/clotting disorders \_\_\_\_\_

Asthma \_\_\_\_\_

Musculoskeletal disorders \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_

Chronic or recurring illness \_\_\_\_\_

Current medications \_\_\_\_\_

Camper is bringing medications in original container      Yes      No

Fainting \_\_\_\_\_ Bed Wetting \_\_\_\_\_ Sleep Disturbances \_\_\_\_\_

Constipation \_\_\_\_\_ Glasses/Contacts \_\_\_\_\_ Hearing Impairment \_\_\_\_\_

Emotional Disturbances \_\_\_\_\_

Use this space for specific comments/additional information about health history:

\_\_\_\_\_